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February 16, 2006

from **WILLIAM A. JIVIDEN**

Direct: 937-449-6448 / Fax: /william.jviden@dinslaw.com

To: Rudy, Andrew J.
Art Unit 3627RECEIVED
OFFICE**Firm:** Commissioner for Patents

FEB 16 2006

Fax Number: (571) 273-6789**Client Number:** AUR 0014 PA/40069.19**Pages:** 19
(including cover)**Comments:** **OFFICIAL OFFICIAL OFFICIAL**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of

Applicants : Barrott et al.
Serial No. : 09/409,566
Filed : September 30, 1999
Confirm No. : 5556
Title : COMPUTERIZED FAMILY ADVISING SYSTEM AND
METHOD FOR MAKING FUNERAL ARRANGEMENTS
Docket No. : AUR 0014 PA/40069.19
Examiner : Rudy, Andrew J.
Art Unit : 3627

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PTO/SB/17 (12-04)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/09/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4918).

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 600.00

Complete if Known

Application Number 09/409,566
 Filing Date September 30, 1999
 First Named Inventor Barrott et al.
 Examiner Name Rudy, Andrew J.
 Art Unit 3627
 Attorney Docket No. AUR 0014 PA/40069.19

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

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☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
48	- 20 or HP = 3	x 50	= 150			
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
4	- 3 or HP = 0	x 200	= 0			
HP = highest number of independent claims paid for, if greater than 3						

3. APPLICATION SIZE FEE

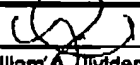
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/ 50 =	(round up to a whole number) x	= 0

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)	Fees Paid (\$)
	0
Other: _____	

SUBMITTED BY

Signature 	Registration No. (Attorney/Agent) 42,695	Telephone (937) 449-8400
Name (Print/Type) William A. Dividen	Date February 16, 2006	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04)

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